



Washington

School for the Deaf

NEW STUDENT APPLICATION PACKET 2006 - 2007

Admissions Office
Washington School for the Deaf
611 Grand Blvd / Vancouver, WA 98661
(360) 696-6525 (v/tty) / (800) 613-4228 / www.wsd.wa.gov

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Student Information

STUDENT INFORMATION	STUDENT'S NAME LAST FIRST MIDDLE INITIAL				
	ADDRESS STREET CITY STATE ZIP CODE				
	HOME TELEPHONE	BIRTHDATE	AGE	SEX	EMAIL
	GRADE FOR 06-07 SCHOOL YEAR	COUNTY OF RESIDENCE	SCHOOL DISTRICT	Is either parent deceased? (circle) Yes, mother Yes, father If yes, give name/date of death:	
	IF YOUR PARENTS ARE DIVORCED OR SEPARATED, WHO HAS PRIMARY CUSTODY?				
PARENT/GUARDIAN	NAME OF PARENT/GUARDIAN LAST FIRST MIDDLE INITIAL				
	Please circle: Stepparent Guardian Foster Parent Surrogate Parent Case Worker				
	PARENT/GUARDIAN NAME LAST FIRST MIDDLE INITIAL				
	Please circle: Stepparent Guardian Foster Parent Surrogate Parent Case Worker				
	MOTHER'S CELL PHONE/PAGER Voice TTY		FATHER'S CELL PHONE/PAGER Voice TTY		
	MOTHER'S EMAIL/PAGER ADDRESS		FATHER'S EMAIL/PAGER ADDRESS		
	FATHER'S EMPLOYER				
	EMPLOYER'S ADDRESS			PHONE NUMBER	
	MOTHER'S EMPLOYER				
	EMPLOYER'S ADDRESS			PHONE NUMBER	
OTHER INFORMATION	RELATIVES, FRIENDS OTHERS WHO CAN CONTACT YOU IN CASE OF AN EMERGENCY			RELATIONSHIP	PHONE
	RELATIVES, FRIENDS OTHERS WHO CAN CONTACT YOU IN CASE OF AN EMERGENCY			RELATIONSHIP	PHONE
	WHAT IS YOUR LOCAL NEWSPAPER?				
	WOULD YOU LIKE TO RECEIVE NOTIFICATIONS ABOUT NEWS AND HAPPENINGS AT WSD? IF YES, PLEASE PROVIDE EMAIL ADDRESS(ES).				
	WHAT IS YOUR PRIMARY LANGUAGE? (circle one) ASL ENGLISH SPANISH VIETNAMESE OTHER				
	THE FOLLOWING ETHNIC/RACIAL IDENTITY INFORMATION IS UTILIZED BY THE WASHINGTON STATE OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION FOR REPORTING PURPOSES AND IS OPTIONAL. PLEASE CIRCLE ALL WHICH APPLY.				
	WHITE ASIAN AMERICAN INDIAN OR ALASKA NATIVE BLACK OR AFRICAN AMERICAN HISPANIC OR LATINO				

Consent for Release of Information

****FOR OFFICE USE ONLY****

To Whom: _____

School District/Agency: _____

Phone: _____

Fax: _____

Date: _____

Student: _____

Birthdate: _____

School(s): _____

I authorize the above listed school(s) agencies to release any academic, sociological, psychological and medical information regarding the above-named student. All information shared will be treated in a confidential manner.

PLEASE INCLUDE THE FOLLOWING:

1. Summary Analysis and back up reports
2. Current IEP (IEP/Transition/Functional Behavior Assessment/Behavior Intervention Plan)
3. Annual review of IEP (benchmarks)
4. Progress reports (academic/behavior)
5. Transcripts
6. Immunization/medical records
7. Audiologic report
8. All attendance reports
9. All behavior reports including detentions, referrals, suspensions and other documents related to behaviors
10. Other _____

Signature: _____

Relationship to child: _____

Address: _____

PLEASE SEND REQUESTED INFORMATION TO:

Judy Smith, Office of the Superintendent
Washington School for the Deaf
611 Grand Blvd.
Vancouver, WA 98661
(800) 613-4228 (V/TTY) or Fax: (360) 696-6291

Internet/Email Access Authorization

The Washington School for the Deaf is offering e-mail to all students. We believe that e-mail is a motivating way to have students practice writing and communication skills. We also encourage family contact, especially for residential students. The e-mail is provided through an outside service which gives schools monitored e-mail services for students. The service is called gaggle.net. The Washington School for the Deaf used this system last year and found it to be successful.

How the service works is that the account is set up by the school and includes all words and phrases that are considered inappropriate for school. If a child uses one of these words or phrases the e-mail will go directly to the monitoring teacher. The teacher will then apply the necessary consequences. However, no system is 100% effective but informing the students that their e-mails are monitored and making continuous updates help provide the best monitoring possible.

Gaggle.net provides the e-mail to WSD students. The cost of the service is \$4.50 per user for a school year subscription.

STUDENT/PARENT E-MAIL ACCESS AUTHORIZATION

I understand the Washington School for the Deaf is providing monitored e-mail services through gaggle.net. Gaggle.net provides features, which allow monitoring of student e-mail in order to ensure appropriate content.

I further understand that even with best efforts, no system is 100% effective and that some inappropriate content may bypass the filtering.

Consequences of misuse of student e-mail through gaggle.net and the Washington School for the Deaf may include temporary and/or permanent suspension of the e-mail.

I accept the consequences that the WSD may have to administer and support the school in its efforts to provide safe, appropriate and equitable e-mail to all its students.

I have discussed the e-mail system with my child.

I understand the cost for the service is \$4.50 and is non-refundable.

☐

Yes, I understand the above and wish my child to have e-mail access.

I understand that payment in the amount of \$4.50 is due before the account will be set up.

☐

No, I do not want my child to have e-mail service at this time.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Student Name (please print)

Student Signature

Date

INTERNET ACCESS AUTHORIZATION

RESIDENTIAL STUDENTS ONLY

By signing this section, you are authorizing WSD to assign your child an internet account and password for personal use outside of the normal school hours. Internet authorization for residential students provides them with an opportunity to complete school work requiring internet research outside of school hours.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Note: All students will have access to the internet under teacher supervision during classes that require internet research.

Consent to Leave Campus

Name of Student _____

The above named student has permission to leave campus for outings and/or overnight or weekend visits with the following friends and/or relatives:

Friend/Relative #1

Name _____ Relationship _____

Address _____ Telephone Number _____

Friend/Relative #2

Name _____ Relationship _____

Address _____ Telephone Number _____

Friend/Relative #3

Name _____ Relationship _____

Address _____ Telephone Number _____

RESTRICTED VISITATION: (explain)

Name _____ Relationship _____

Address _____ Telephone Number _____

NOTES: Use additional paper if necessary to explain. The WSD must have a court order on file for any restraining orders.

To add names to this list: I will give the WSD staff a signed statement that my child has permission to leave campus with another adult. I understand the WSD has no responsibilities or liabilities for my child when my child leaves campus with the receiving adult.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____

This form can be added to or deleted from by written notice from the parent/guardian to the Principal.



STATE OF WASHINGTON
WASHINGTON SCHOOL FOR THE DEAF

611 Grand Blvd., S-26, Vancouver, Washington 98661-4918 • (360) 696-6525
Administration FAX (360) 696-6291 • Business Office FAX (360) 418-0418

Dear Parent/Guardian:

Children need healthy meals to learn. Washington School for the Deaf offers healthy meals every school day. **Lunches for K-5th grade are \$1.85, Lunches for 6th-12th grade are \$2.00.** Your children may qualify for free meals or for reduced price meals. **Reduced price are .40 cents for lunch.**

1. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: Washington School for the Deaf, Attn: Kay Pedisich, 611 Grand Blvd, Vancouver, WA 98661.**

2. Who can get free meals? Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.

4. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals? Please read the letter you got carefully and follow the instructions. Call the school at (360)696-6525 ext 0417 voice/tty/nxi if you have questions.

5. I get WIC. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

6. Will the information I give be checked? Yes, we may ask you to send written proof.

7. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

8. What if I disagree with the school's decision about my application? You should talk to school officials. You also may ask for a hearing by calling or writing to: Charles McCarthy, WSD, 611 Grand Blvd, Vancouver, WA 98661, (360) 696-6525 ext 0412 voice/tty/nxi.

9. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

10. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

11. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

12. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call Kay Pedisich at (360)696-6525 ext 0417 voice/tty/nxi

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INSTRUCTIONS FOR APPLYING FOR FREE/REDUCED LUNCHES

If your household gets FOOD STAMPS OR TANF, follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a Food Stamp or TANF case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Check the box and list the child's personal use monthly income, if any.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

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Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART For School Year 2006-2007			
Household size	Yearly	Monthly	Weekly
1	\$18,130	\$1,511	\$ 349
2	\$24,420	\$2,035	\$ 470
3	\$30,710	\$2,560	\$ 591
4	\$37,700	\$3,084	\$ 712
5	\$43,290	\$3,608	\$ 833
6	\$49,580	\$4,132	\$ 954
7	\$55,870	\$4,656	\$1,075
8	\$62,160	\$5,180	\$1,196
Each additional person:	+\$6,290	+\$ 525	+\$ 121

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

☐ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

For more information, you may call Kay Pedisich at (360)696-6525 ext 0417 voice/tty/nxi.

Return this form to:
Washington School for the Deaf
Attn: Kay Pedisich
611 Grand Blvd
Vancouver, WA 98661

Air/Bus Transportation Acknowledgement, Authorization and Consent

RESIDENTIAL STUDENTS ONLY

Student Name (Please Print)

Student's Flight City/Bus Stop

Parents/Guardians of residential students who are transported by the Washington School for the Deaf are responsible for arranging adult supervision on Sunday to wait with any student who is under the age of 18 until the student has safely boarded the plane/bus. Parents understand that their minor child may not wait at the airport/bus stop unattended. Parents/Guardians are responsible for meeting the plane/bus at the designated gate/stop at the scheduled time of arrival. Parents/Guardians may designate another adult to drop off/pick up their child.

1. I authorize the following adult individuals to pick up my child if I am unable to do so or if I am not at the designated gate/stop:

Name	Relationship to student	Phone Number
Name	Relationship to student	Phone Number
Name	Relationship to student	Phone Number
Name	Relationship to student	Phone Number

2. I will not allow the following person(s) to pick up my child:

Name(s) _____

No child under the age of 18 will be left alone at a gate/stop.

FOR THE SAFETY OF STUDENTS, PARENTS WILL BE ASKED TO SIGN A RELEASE AT THE TIME OF PICK UP. PLEASE APPROACH THE TRANSPORTATION MONITOR/AIRLINE REPRESENTATIVE TO SIGN OUT YOUR CHILD. BE PREPARED TO SHOW IDENTIFICATION.

I understand that I may choose one flight/bus stop. I understand the Washington School for the Deaf will transport my child from/to Vancouver, Washington only to the stated above designated city/stop on weekend travel dates. (Please refer to school calendar for specific travel dates). I understand that WSD will not alter this destination without prior approval from the Transportation Secretary or Superintendent's office. The WSD only transports students on their regularly scheduled plane/bus. If my child is not traveling on the WSD provided plane/bus, I must fill out a Release Form and submit it to the Transportation Secretary by TUESDAY AT 5:00 PM. I understand I will have to provide my child's transportation and pay for the cost. I also understand that my child will be transported to his/her city/stop only.

By signing this ACKNOWLEDGEMENT, AUTHORIZATION AND CONSENT FORM, I acknowledge that I have read, understand and agree with its contents and that I am responsible for meeting my child at the designated city/stop on time.

In the event my child is not picked up within 15 minutes of scheduled arrival time, I instruct and authorize WSD to call 911 and release my child to CPS.

Signature of Parent/Guardian _____ Date _____

Home number _____ Work number _____

Cell number _____ Pager number/email address _____

Medicaid Eligibility Verification

PURPOSE

This form asks for your consent to obtain information from the Department of Social and Health Services, Medical Assistance Administration for the purpose of Medicaid eligibility verification. If you have questions regarding this request, you may call the WSD director of Special Education for an explanation as to why the request is being made.

MEDICAID ELIGIBILITY VERIFICATION

State law requires the school district to submit claims for health-related services provided to special education students or students referred for special education. These services include physical therapy, speech-language therapy, audiology, nursing, counseling, and psychological evaluation.

With your permission, we will submit your student's name and birth date to the Department of Social and Health Services (DSHS) to verify Medicaid eligibility. Such a request will in no way negatively impact services included in your child's individualized education program (IEP).

_____ **I do** give consent to verify Medicaid eligibility with DSHS.

_____ **I do not** give consent to verify Medicaid eligibility with DSHS.

Student Name

Date of Birth

Parent/Guardian Name

Parent/Guardian Signature

Date

Consent to be Interviewed by DLR

Dear Parent/Guardians:

The Washington School for the Deaf is collaborating with the Department of Licensed Resources (DLR) to ensure all students are safe while at WSD. In order to gather information DLR interviews students and parents. A certified interpreter is used during the course of the interview and student and/or parent's last names will not be disclosed.

This is a great opportunity for you and your student to be involved in supporting WSD. Your involvement is valuable. Below are sample DLR Questions for both parents and students.

Please sign the bottom of this consent if you give permission for DLR to interview you and/or your child and thank you for your help.

SAMPLE DLR STUDENT QUESTIONS

- Do you live at the school during the week or are you a day student?
- How long have you been going to school at WSD?
- Do you enjoy going to school here?
- Do you have a teacher or staff person you feel comfortable sharing your feelings with?
- Has this person ever helped you solve or work with your problems or concerns?
- Is it easy for you to contact your parents while you are at school? Are there rules that tell you when you cannot call your parents?
- Do you know the safety rules of the school and the cottages? How did you learn about these rules?
- What happens if someone breaks a safety rule?
- How would you escape from the school or the cottages in case of an emergency?
- Are there fire drills at school and in the cottages?
- Are there rules when boys and girls get together? What are they?
- Have any staff or students ever made you feel uncomfortable or made physical or verbal threats toward you? If so, did you tell one of the staff about it?
- Do you feel safe here? Do you think other students are safe here?
- That's all the questions I have for you. Do you have anything you would like to ask me or add to our discussion?

SAMPLE DLR PARENT QUESTIONS

- How long has your child lived at the School for the Deaf? (residential program)
- Describe your child (strengths/weaknesses and/or special needs). Are your child's special needs met?
- What is your general impression on the level of care your child is receiving in the residential program?
- Do you have any health and safety concerns about the residential program at the School for the Deaf?
- Do you think your child or other children in the facility receive adequate supervision while living in the residential program and the School for the Deaf? If no, what are your concerns?
- Has your child ever communicated to you his/her problems/concerns regarding the residential program at the School for the Deaf? If so, what were the problems?
- How much contact have you had with your child? By telephone? In-person visits? Letters?
- Do you feel that the residential program at the School for the Deaf keeps you informed on what's happening with your child?
- What is your opinion of the condition of the physical facility (buildings) in which your child lives?
- In your opinion, are children appropriately disciplined and supervised in the residential program?
- Do you have any health and safety concerns about the residential program at the school?
- Is there anything else you would like me to know about the residential program at the School for the Deaf?

☐ I give permission for my child, _____, to be interviewed by the Department of Licensed Resources.

☐ I, _____, give permission for the Department of Licensed Resources to contact me for the purpose of doing a health and safety interview.

Parent/Guardian Signature

Date